Using Abbreviated Text

Arkansas Central Cancer Registry

Annual Education Meeting

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About Text Fields..

- Text documentation is an **essential** component of a **complete** electronic abstract

Rationale

- Text is needed to justify codes used
- Text is used to document supplemental information not transmitted within code fields

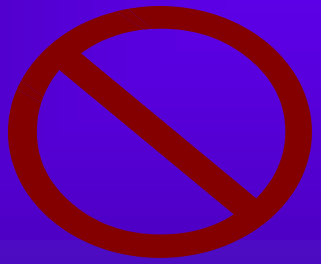
The Text Field..

- Must contain a description that has been entered by the abstractor independently from the code(s)

After Manual Entry of the text field…

- Ensure that the text entered both agrees with the coded values and clearly justifies the selected codes
- Each text field has its own associated data items that are to be used to verify/validate codes used

General Instructions

Do not 

General Instructions – Don't

- Do not repeat information from other text fields
- Do not include irrelevant information
- Do not include information that the registry is not authorized to collect
- Text automatically generated from coded data is not acceptable

General Instructions – Do's

General Instructions – Do's

- Prioritize entered information
- Additional comments can be continued from one text field to another
- If the information is missing from the record, state that it is missing
- NAACCR-approved abbreviations should be utilized (See Appendix G)

Abbreviations
Recommended Abbreviations for Abstractors

NAACCR approved abbreviations should be utilized (Appendix G)

Examples

ABD

ABN

TAH-BSO

MRM

INV

WNL

UOQ

MD, MOD DIFF

A-COLON

FNAB

LND

ACCR

Required Text

ACCR Required Text

- Required text fields by Arkansas Cancer Registry
  - Physical exam
  - Scans/Scopes
  - Lab results
  - Primary site
  - Histology
  - Pathology

ACCR Required Text

- Surgery
- Operative Report
- Radiation Therapy
- Chemotherapy
- Hormone
- BRM
- Other Therapy

ACCR Required Text

- Remarks
- Usual Occupation
- Usual Industry
- Place of Diagnosis

Text—Dx Proc--PE

- Should include the examination about the history of the current tumor and the clinical description of the tumor

Suggestions for PE Text

- Date of physical exam
- Age, sex, race/ethnicity
- History that relates to cancer diagnoses
- Primary site
- Histology (if diagnosed prior to admission)
- Tumor location
- Tumor size
- Palpable lymph nodes
- Record positive and negative clinical findings. Record positive results first
- Impression (when stated and pertains to cancer)
- Treatment plan

Text-DX Proc-Xray/scan

- Include documentation from all x-rays, scans, and/or imaging examinations that provide information about staging

Suggestions for X-ray/Scan Text

- Date(s) of x-ray/scan(s)
- Age, sex, race/ethnicity (when given)
- Primary site
- Histology (if given)
- Tumor location
- Tumor size
- Lymph nodes
- Record positive and negative findings. Record positive findings first
- Distant disease or metastasis

Text-DX-Scopes

- Include documentation from endoscopic examinations that provide information for staging and treatment

Suggestions for Scopes Text

- Date(s) of endoscopic exam(s)
- Primary site
- Histology (if given)
- Tumor location
- Tumor size
- Lymph nodes
- Record positive and negative clinical findings. Record positive results first.

Text-DX-Lab Tests

- Include documentation from laboratory examinations other than cytology and histopathology

Suggestions for Lab Text

- Date(s) of lab tests
- Type of lab test/tissue specimen(s)
- Record positive and negative findings. Record positive test results first.
- Information can include tumor markers, serum/urine electrophoresis, special studies, etc.
- Tumor markers included, but not limited to:
  - Breast cancer – Estrogen Receptor Assay (ERA), Progesterone Receptor Essay (PRA), Her2/neu
  - Prostate – Prostatic Specific Antigen (PSA)
  - Testicular cancer – Human Chorionic Gonadotropin (hCG), Alpha Fetoprotein (AFP), Lactate Dehydrogenase (LDH)

Text-DX Proc-OP

- Include documentation of all surgical procedures that provide information for staging

Suggestions for Operative Text

- Dates and descriptions of biopsies and all other surgical procedures from which staging information was derived.
- Number of lymph nodes removed
- Size of tumor removed
- Documentation of residual tumor
- Evidence of invasion of surrounding areas

Text-DX Proc-PATH

- Include documentation of information from cytology and histopathology

Suggestions for Pathology Text

- Date(s) of procedure(s)
- Type of tissue specimen(s)
- Tumor type and grade (include all modifying adjectives, i.e. predominantly, with features of, with foci of elements of, etc)
- Gross tumor size
- Extent of tumor spread
- Involvement of resection margins
- Number of lymph nodes involved and examined
- Note if pathology report is a slide review or second opinion from an outside source
- Record any additional comments from the pathologist, including differential diagnoses considered and any ruled out or favored

Text-Primary Site Title

- Include documentation of information regarding the primary site and laterality of the tumor being reported

Suggestions for Primary Site Text

- Include information on the location of the primary site of the tumor
- Include available information on tumor laterality

Text-Histology Title

- Include documentation of information regarding the histologic type, behavior and grade (differentiation) of the tumor being report

Suggestions for Histology Text

- Information on histologic type and behavior
- Information on differentiation from scoring systems such as Gleason's Score, Bloom Richardson Grade, etc.

Case Scenarios

Case Scenario #1

Pathology report dated 6/12/04 states:

1)Intraductal carcinoma (IN-SITU), grade 2

2) The intraductal change extends over an area of approximately 1.4 cm

3) Tissues submitted for ERA/PRA/HER-2/neu/p53

4) No invasion identified

Case Scenario #1 – Text

6/12/04 – DCIS, 1.4 cm, no invasion identified.

Case Scenario #2

Pathology report dated 7/23/04 states:

Biopsy, left breast; Poorly differentiated infiltrating ductal carcinoma – Grade III in a grading system of I-III. The invasive tumor has maximum dimension of 1.5 cm and solid and comedo type. Infiltrating and intraductal carcinoma extend to the surgical margins. ERA – negative, PRA - negative

Nipple, left breast; Poorly differentiated infiltrating ductal carcinoma with Paget's disease of the nipple

Case Scenario #2 – Text

7/23/04 – L breast – PD infil ductal ca w/DCIS solid & comedo type, tumor 1.5 cm. Ca extends to margin. Nipple – PD infil ductal ca w/Paget's dz of nipple

Case Scenario #3

Chest CT without contrast dated 7/31/04 – There is a 6.9 x 5.7 cm soft tissue mass in the right upper lobe posteriorly. No pleural effusion or pneumothorax. Left lung is clear. Prominent interstitial markings at bilateral lung bases. Limited exam due to IV contrast was not administered. No mediastinal lymph node enlargement. The thoracic aorta caliber is within normal limits. The adrenal glands appear unremarkable.

Impression: 6.9 x 5.7 cm soft tissue mass in the right upper lobe posteriorly suspicious for neoplasm until proven otherwise.

Bone Scan: There is intense increased activity within the left tibia, fibula, and also within the left ankle and hind foot. There is symmetrical increased activity in bilateral shoulders and knees.

Impression: There is subtle increased activity on the right posterior ribs which may represent metastatic disease in a patient with a right upper lung mass.

Case Scenario #3 – Text

7/23/04 – chest ct – 6.9 cm x 5.7 cm soft tissue mass in rul post. Susp. for neoplasm. Bone scan – Increased activity on R post. ribs, may represent met dz

Case Scenario #4

History and physical exam dated 11/7/03 - This is a 46 year old white male who Dr. Mickey saw for shortness of breath, worked him up and found on x-ray to have abnormal mass, shadow in the right lower lobe. He is a heavy smoker, but denies any chest pain, weight loss, hemoptysis.

Case Scenario #4

History and physical exam dated **11/7/03** - This is a **46** year old **white male** who Dr. Mickey saw for **shortness of breath**, worked him up and found on **x-ray** to have **abnormal mass**, **shadow in the right lower lobe**. He is a **heavy smoker**, but denies any chest pain, weight loss, hemoptysis.

Case Scenario #4 – Text

11/7/03 – 46 y/o male w/sob, denies chest pain, wt loss, hemoptysis. Heavy smoker.

Questions?